

FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DISCLOSURE SUMMARY PAGE

2009 NOV 12 AM 10:15

COMMITTEE NAME (Must be same as on Statement of Organization)

Kathy Somers for City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Kathy Somers

Political Party (if applicable)

Republican

Office Sought

Atlantic City Council, Ward 2

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

11/9/2009

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
November 3, 2009

County & Local Committees, enter County in
which Election is held
Cass County

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

980.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$

0.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kathy Somers for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/15/2009	ID# CK#	Don Sonntag 58979 Marne Rd., Atlantic, IA 50022		\$100.00	<input type="checkbox"/>
9/15/2009	ID# CK#	Kathy Somers 106 W 9th St., Atlantic, IA 50022		50.00	<input type="checkbox"/>
9/18/2009	ID# CK#	Keith Harlan 300 W 22nd St., Atlantic, IA 50022		\$100.00	<input type="checkbox"/>
10/5/2009	ID# CK#	Verna Esbeck 67522 Alpine Ln., Atlantic, IA 50022		\$25.00	<input type="checkbox"/>
10/5/2009	ID# CK#	John Krogman 902 Chestnut St., Atlantic, IA 50022		\$25.00	<input type="checkbox"/>
10/6/2009	ID# CK#	Hal Gronewold 101 W 22nd St., Atlantic, IA 50022		\$100.00	<input type="checkbox"/>
10/6/2009	ID# CK#	Joan Underwood 1315 Poplar St., Atlantic, IA 50022		\$25.00	<input type="checkbox"/>
10/6/2009	ID# CK#	Duane McFadden 57686 Eastland, Marne, IA 51552		\$50.00	<input type="checkbox"/>
10/7/2009	ID# CK#	Chuck Kinen 2409 Chestnut St., Atlantic, IA 50022		\$25.00	<input type="checkbox"/>
10/16/2009	ID# CK#	Rich Perry 1105 Roosevelt Dr., Atlantic, IA 50022		\$20.00	<input type="checkbox"/>

SUB-TOTAL

\$ 520.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kathy Somers for City Council

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/16/2009	ID# CK#	Bev Hall 905 W Mahogany Dr., Atlantic, IA 50022		\$25.00	<input type="checkbox"/>
10/16/2009	ID# CK#	Keith Swanson 60313 670th St., Atlantic, IA 50022		\$50.00	<input type="checkbox"/>
10/16/2009	ID# CK#	Helen Wohlenhaus 1110 Roosevelt Dr., Atlantic, IA 50022		\$10.00	<input type="checkbox"/>
10/18/2009	ID# CK#	Don Sonntag 58979 Marne Rd., Atlantic, IA 50022		\$100.00	<input type="checkbox"/>
10/19/2009	ID# CK#	Haley Kickland 2805 Olive St., Atlantic, IA 50022		\$100.00	<input type="checkbox"/>
10/19/2009	ID# CK#	Sid Winchell 1003 E 10th St., Atlantic, IA 50022		\$50.00	<input type="checkbox"/>
10/19/2009	ID# CK#	Bob Camblin 903 Locust St., Atlantic, IA 50022		\$100.00	<input type="checkbox"/>
10/24/2009	ID# CK#	Alice Brown 613 Poplat St., Atlantic, IA 50022		\$25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 460.00	
TOTAL (if last page of this schedule)				\$ 980.00	

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(for Schedule A)

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kathy Somers for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/29/09	ID# CK#93	Atlantic News Telegraph 410 Walnut St. Atlantic, IA 50022	Newspaper ads	\$ 150.00
10/20/09	ID# CK#94	J & J Custom Graphic Design 217 Walnut St. Atlantic, IA 50022	Yard signs	422.62
10/24/09	ID# CK# 95	Kathy Somers 106 W 9th St. Atlantic, IA 50022	Reimburse for: Voter list, ink, postage for fund raising & flyers, door-hanger paper, 3 people distribute door hangers	235.75
10/28/09	ID# CK# 96	Meredith Communications 413 Chestnut St. Atlantic, IA 50022	Radio ads	100.00
10/28/09	ID# CK# 97	KJAN North Olive St. Atlantic, IA 50022	Radio ads	55.00
11/3/09	ID# CK# 98	Katherine J. Somers 106 W 9th St. Atlantic, IA 50022	Reimburse for fund- raiser prints	16.63
	ID# CK# refund			
	ID# CK#			
SUB-TOTAL				\$ 980.00
TOTAL (if last page of this schedule)				\$ 980.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)